

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through numeral) Cancelled	<input type="checkbox"/>	Non-Elected	<input type="checkbox"/>	Appeal
<input checked="" type="checkbox"/>	Allowed	<input type="checkbox"/>	+ Restricted	<input type="checkbox"/>	I Interference	<input type="checkbox"/>	O Objected

Claim	Date	Claim	Date	Claim	Date
Final Original 37/574		Final Original 51		Final Original 101	
3		52		102	
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		100		150	